

TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156 MC-230, Austin TX 78753

www.txls.texas.gov

Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only Trans. # (LS	SLS)
Entity #	
Receipt #	

Licensed State Land Surveyor Exam Application

- A. Read all Board Rules and the Candidate Guideline before completing the application.
- B. Please print neatly using black ink.
- C. All questions must be answered. Failure to complete any portion of the application will disqualify your application from Board review.
- D. Submit the original, completed application to the office of the Board. Retain a photocopy for your records.
- E. Application must be accompanied by a cashier's check or money order made payable to the Board for the application fee of one hundred and twenty-eight dollars and sixty-nine cents (\$128.69). Personal checks are not accepted. All fees are non-refundable.

1. General Information											
		Last									
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	State	Zip	Attach a recent,								
			passport-type								
State	ZIP		— photograph in this								
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County	State	Zip	photograph to fill the								
			space.								
Business ()										
			Use ballpoint pen to								
			sign and date								
Place of Birth											
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examination to become a L	icensed State La	and Surveyor?									
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2 Pogist	rations /Licon	COC									
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Has license ever been revoked?If so, specify?											
			Supply the name and addresses of no fewer than three (3) Registered Professional Land Surveyors, preferably one of whom is also a								
LSLS, having personal knowledge of the Applicant's land surveying experience. Members of the Board should not be used as a											
			Board should not be used as a								
references are available.											
references are available. used as references.	Names of persor	ns listed under Item 4	Board should not be used as a of this application, "Professional								
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4. PROFESSIONAL SURVEYING EXPERIENCE

			Ti-			_			
DATE		Title of Position; Name of Employer; Character of Work	Time (Years and Months)			Name and Present Address of			
From date of Registration as R.P.L.S.	To Present	Performed; Responsibility; t Location of Each Engagement	(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge (Actual)	Supervisor or Employer (Not Deceased)			
TO BE COM	PLETED BY API	PLICANT – Summary (Actual Time)							
On a supplemental page, detail your experience in dealing with the General Land Office and briefly detail your knowledge of the procedure and functions of that office.									
		5. Certif	ication						
I hereby certify	under penalty t	hat information contained herein is true	e and correct	to the best of my	knowledge, in	formation and belief.			
Signed this day	y the(day)	of (month)		_, 20(yea	r)				
Signature									

Printed Name